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CLINICAL PERSPECTIVES IN LACTATION

HOUSE BILL NO. 2284

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A big step for Kansas breastfeeding mothers and their infants was the passing of House Bill No. 2284 and the formal signing on April 7, 2006. This bill allows a mother to breastfeed in any place she has a right to be. The bill also amended a previous bill to allow a mother who is breastfeeding her child to postpone jury duty until such time that the mother is no longer breastfeeding her child.

Two stories from Kansas women that testified provided the rationale for having such a bill. They were:

- * A woman was breastfeeding her infant in a health club in Lawrence and asked to leave.
- * A woman was breastfeeding her infant in a mall restroom in Reno County and was asked to stop.

The Kansas Department of Health & Environment, WIC Program, the Maternal and Child Health Programs and the Kansas LaLeche League printed cards for women to carry. Each card provides details of the law and where to call for additional information.

DURATION OF BREASTFEEDING AND RISK OF OVERWEIGHT: A META-ANALYSIS

ABSTRACTED BY MARY WASHBURN, RD/LD, CBE

Researchers at the University Medicine in Berlin Germany performed a comprehensive meta-analysis of the existing studies on duration of breastfeeding and risk of overweight. They looked at whether longer durations of breastfeeding could lead to a stronger decrease in risk of overweight later in life.

To be included in the analysis the studies had to fulfill the following criteria:

- 1) be an original report comparing breastfed subjects with exclusively formula-fed subjects
- 2) report the odds ratio and 95 percent confidence interval of overweight or obesity associated with breastfeeding
- 3) Report the duration of breastfeeding for

at least one exposure group.

Any definition of overweight or obesity was allowed. Seventeen articles were included in the final review.

The researchers found that the duration of breastfeeding was inversely associated with the risk of overweight. The risk of overweight reduced by four percent for each month of breastfeeding. The effect lasted up to nine months of breastfeeding duration and was independent of the definition of overweight and age at follow-up.

Harder, T., R Bergmann, G Kallischnigg and A Piageman. (2005) Duration of Breastfeeding and Risk of Overweight: A Meta-Analysis. *Am J Epidemiol* 162:397-403.

BREASTFEEDING REDUCES MOTHER'S DIABETES RISK

ABSTRACT FROM THE AMERICAN DIABETES ASSOCIATION PUBLICATION DOC NEWS

Recently reported research indicates that, among its many other benefits, breastfeeding reduces the mother's risk of type 2 diabetes later in life. The longer the duration of breastfeeding, the lower the incidence of diabetes, according to a study published in the November 23 issue of *JAMA*.

A group of researchers from Harvard Medical School and Brigham and Women's Hospital, both in Boston, studied 83,585 mothers in the Nurses' Health Study II (NHS II). An analysis of those who had given birth within the previous 15 years revealed that each year of breastfeeding reduced the mother's risk of

diabetes by 15%, when body mass index (BMI) and other factors were controlled.

"Lactation may reduce risk of type 2 diabetes in young and middle-aged women by improving glucose homeostasis," researchers concluded.

Stuebe AM, JW Rich-Edwards, WC Willett, et al. Duration of lactation and incidence of type 2 diabetes, *JAMA* 294:2601-2610, 2005.



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TEN CHEAP WAYS TO SAVE THE WORLD— BREASTFEEDING MAKES THE LIST

FROM JOHN HOPKINS PUBLIC HEALTH MAGAZINE, FALL 2005

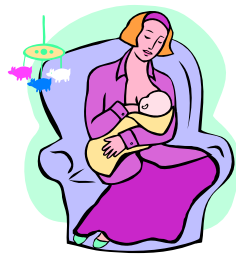
When it comes to public health, lives are often saved, or dramatically improved, by things that cost the least. But collectively such interventions can make a large difference in global health.

In the Fall 2005 issue of the John Hopkins Public Health Magazine, the John Hopkins Bloomberg School of Public Health published their top 10 list of ways to save millions of lives around the world. The list included:

1. Quit smoking
2. Increase vitamin A supplementation
3. Expand oral rehydration therapy
4. Build pit latrines in developing countries
5. Use bed nets treated with insecticide
6. Treat premature newborns with antiseptic baby wipes or sunflower oil

7. Use home based water purification systems
8. Increase condom availability
9. Vaccinate poor children against measles
10. Breastfeed

The publication states that breastfeeding is a vital source of nutrition for infants everywhere. In the developing world, the practice of breastfeeding can be a matter of life or death. Feeding babies only breast milk for the first six months protects children from infection, especially diarrhea. According to UNICEF, exclusive breastfeeding until six months of age could save the lives of 1.5 million infants every year, and the health and development of millions more would be greatly improved.



BREASTFEEDING AND JAUNDICE

FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Should a mother continue breastfeeding if her child has jaundice? That question is often asked by both mothers and their care providers. Approximately 60% of full-term infants develop jaundice within several days of birth. Jaundice, or yellowing of the skin and eyes, occurs when bilirubin builds up in the newborn's bloodstream faster than the liver can break it down and excrete it through the baby's stool.

Research and experience have shown that by breastfeeding more frequently and for longer periods of time, the infant's body can usually rid itself of the biliubin excess. However, in some cases, the infant may need additional treatments to keep the condition from progressing into more severe hyperbilirubin emia, bilirubin encephalopathy, or kericuterus.

Breastfeeding jaundice occurs in the first week of life for more than 10% of breastfed infants. The cause is thought to be inadequate milk intake, leading to dehydration or low caloric intake. It is a type of physiologic jaundice.

Breastmilk jaundice is far less common and occurs in about 1 in 200 babies. The jaundice does not usually appear until the baby is a week old. It reaches its peak during the second or third week of life. Breastmilk

jaundice can be caused by substances in mother's milk that decrease the infant's liver's ability to deal with bilirubin. Breastmilk jaundice rarely causes any problems, whether treated or not. It is not a reason to stop nursing.

In July 2004, the American Academy of Pediatrics (AAP) published guidelines intended to reduce the onset of these jaundice related conditions. According to the AAP guidelines, for every newborn born at 35 or more weeks gestation, health practitioners should promote and support successful breastfeeding by:

- Recommending that mothers nurse their infants at least 8 to 12 times per day for the first several days.
- Recommend against routine supplementation of nondehydrated breastfed infants with water or sugar water.

For more information: American Academy of Pediatrics Clinical Practice Guideline on the Management of Hyperbilirubinemia, read Pediatrics July 2004, 114(1):297-316.

1990-2005 CELEBRATING THE INNOCENTI DECLARATION ON THE PROTECTION, PROMOTION, AND SUPPORT OF BREASTFEEDING

In July 1990, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, a global action plan, was adopted by 30 countries. The World Health Assembly (WHA) and UNICEF and other countries later endorsed this document.

The Innocenti Declaration established four targets to be accomplished by 1995 by the participating countries.

- 1) Appoint a national breastfeeding coordinator and establish a multisectoral national breastfeeding committee.
- 2) Ensure that every facility providing maternity services fully practices all 10 of the "Ten Steps to Successful Breastfeeding."
- 3) Take action to practice the principles of the 1981 International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions in their entirety.
- 4) Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement. (con't on Pg. 4)



The protection, promotion, and support of breastfeeding are a means to fulfilling achieve a child's right to the highest attainable standard of health



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INNOCENTI DECLARATION—CONTINUED

Progress has been made in reaching these targets.

Target 1) A large percentage of countries have identified a national breast-feeding coordinator and have breastfeeding committees.

Target 2) There are more than 19,000 facilities in 130 countries designated “baby-friendly.” Unfortunately in the United States there are only twenty five designated “baby-friendly” hospitals, although many hospitals have achieved some of the steps toward this designation.

Target 3) The International Code of Marketing of Breast-milk Substitutes was adopted in 1981. The twenty five years of “Code Watch” are being celebrated as the theme for World Breastfeeding Week in 2006. Sixty governments have enacted legislation implementing all or many parts of the code and twenty more have draft laws awaiting passage.

Target 4) The protection, promotion, and support of breastfeeding are a means to fulfilling a child’s right to the highest attainable standard of health.¹ It is a collective responsibility not just a mother’s responsibility to make adjustments in work situations to enable the mother to find the time and energy for breastfeeding.

The Innocenti targets have had an impact seen in the increase in the prevalence of exclusive breastfeeding. Exclusive breastfeeding has saved millions of infants lives and improved the health of countless others. The work continues.

1. 1990-2005 Celebrating the Innocenti Declaration, November 2005 Unicef Innocenti Research Centre <http://www.unicef-icdc.org/publications>

